	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docket Number 0/7/93/												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			42				-	RATE	FEE		RATE	FEE	
FOR .			NÚMBER FILED .		NUME	NUMBER EXTRA		Basic Fe	Œ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			42 minus 20=		・スマ			X\$ 9=	,	OR	X\$18=	A6	
INDEPENDENT CLAIMS			minus 3 =		•			X43≖		OR	Yes	310	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=					
* If the difference in column 1 is less than zero, enter *0° in column 2								TOTAL		OR		1177	
17 / CLAIMS AS AMENDED - PART II								IOIAL	L	OR	OTHER	THAN	
	(Column 2) (Column 3)							SMĀLL	ENTITY	OR	SMALL	10.00	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.42	Minus	·· 48	2	a	X\$	X\$ 9=		OR	X\$18=		
ME	Independent		Minus	***	3	a		X43=	\	OR	X86-		
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT	CLAIM			+145=		1 /	+290=		
	•						4	TOTAL		10P	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	· L	JOR	ADDIT. FEE		
AMENDMENT B	6/15/07	CLAIMS REMAINING AFTER AMENDMENT	÷.	HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 38	Minus	- 4	<i>J</i> .	= /	M	X\$ 9=		OR	-X\$18=		
	Independent	NTATION OF MU	Minus	***	3	= /		X43≃		OB	X86=		
	TING! PAESE		LIPLE DEF	ENDERN	COUM			+1455	/	OR	+290=		
			•				A	TOTAL DDIT. FEE		OR	YOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAMS HIGHEST													
ENTC		REMAINING . AFTER AMENDMENT	•	NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	-38	Minus	-4	س			X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***	3	a		X43≈		O'R	X86=		
	PIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			+145=			+290=		
If the entry in column 1 is less thankine entry in column 2, write 0' in column 3. TOTAL TOTAL ADDIT SEE										OR	TOTAL		
***	the "Highest Nur	nber Previously Pail nber Previously Paid ber Previously Paid	d For IN THIS	S SPACE IS	less than	3, enter "3."	~~	DOIT. FEE	propriate box		VOOIT. FEEL		